

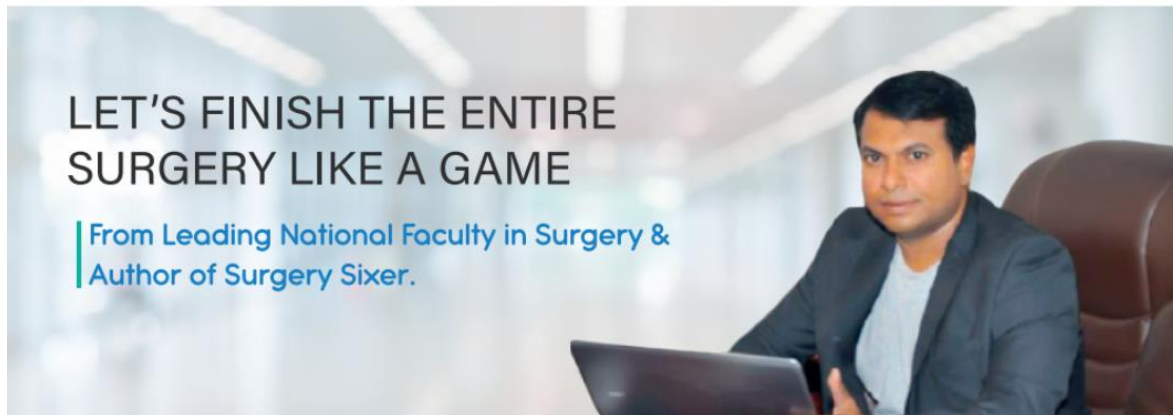
# PGI Chandigarh June 2020 Surgery Solutions

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### Author- Surgery Sixer



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#### Disclaimer:

- *These are the original questions with modified choices prepared based on my students recall in my " SURGERY SIXER FACEBOOK GROUP". Happy to say more than 90% questions are there in Surgery Sixer 5<sup>th</sup> Edition and in discussed in our app lectures.. Kindly share the PDF with your Friends.*

#### 1. The following are the metabolic derangements seen in Gastric Outlet Obstruction patients (PGI Chandigarh June 2020)

- Hypokalemia
- Hypercalcemia
- Hyponatremia
- Metabolic Alkalosis
- Hypochloremia

#### Ans. a,c,d,e ( Ref. Page 354, Surgery Sixer 5<sup>th</sup> Edition)

- The patient with Gastric Outlet obstruction due to continuous vomiting develops – Hyponatremic, Hypokalemic, Hypochloremic, Hypocalcemic, Metabolic Alkalosis with Paradoxical Renal Aciduria

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#### 2. The Following are Isotonic IV fluids: (PGI Chandigarh June 2020)

- Ringer Lactate
- Plasmalyte
- 5% Dextrose
- 0.45% NS
- e.0.9% Normal Saline

**Ans. a,b,c,e ( Ref. Page 10, Surgery Sixer 5<sup>th</sup> Edition)**

Isotonic Fluids:

- Dextrose 5%
- 0.9% Saline
- Ringer Lactate
- Plasmalyte

Hypertonic:

- 5% Dextrose in Half NS
- 5% Dextrose in NS
- 10% Dextrose in Water

Hypotonic:

- 0.45% Normal Saline

**3. Peutz Jegher's Polyps are: (PGI Chandigarh June 2020 )**

- a. Hamartomatous
- b. Inflammatory
- c. Adenomatous
- d. Small serrated
- e. Non Neoplastic

**Ans. a and e ( Ref. Page 427,Surgery Sixer 5<sup>th</sup> Edition)**

- Peutz Jeghers Polyps have Hamartomatous polyps in Jejunum
- They are non neoplastic polyps
- They have pigments in lips

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**4. Which of the following swellings are seen in the posterior triangle of neck? (PGI Chandigarh June 2020 )**

- a. Subclavian aneurysm
- b. Branchial cyst
- c. Pharyngeal pouch
- d. Cystic Hygroma
- e. Cervical rib

**Ans. a,c,d,e ( Ref. Page 204, Surgery Sixer 5<sup>th</sup> Edition)**

**Swellings in the posterior triangle of neck:**

- Supraclavicular nodes
- Cystic Hygroma
- Pharyngeal Pouch
- Subclavian Aneurysm
- Cervical rib
- Clavicular tumors
- Lipoma
- Cold Abscess

**5. Regarding Maxillo Facial Injuries – Clinical Features are: (PGI Chandigarh June 2020)**

- a. Diplopia due to direct eye injury
- b. CSF leak may occur later
- c. Infra orbital nerve involved
- d. Fracture can be seen on Plain Radiograph
- e. Patient is asked to clear his nasal cavity in case any doubt of Blood is present

**Ans.b,c ( Ref. Page 360, Bailey 27<sup>th</sup> Edition)**

- Diplopia occurs due to muscle trapping and not due to direct Eye injury
- Infra orbital nerve entrapment may occur and needs early decompression
- Fracture can be identified and delineated by CT Facial bones and may be missed in X ray
- Patient is asked not to clear the nasal cavity as it can dislodge a clot and bleeding or CSF leak can occur.

**6. qSOFA Score includes the following (PGI Chandigarh June 2020)**

- a. Respiratory rate
- b. Blood pressure
- c. Mental Status
- d. Pulse oximetry
- e. Urine output

**Ans. a,b,c ( Ref. Page 14, Surgery Sixer 5<sup>th</sup> Edition)**

Quick Sequential Organ Failure assessment Score:

Includes:

- Respiratory rate > 22/ minute
- Blood Pressure <100 mmHg
- Change in Mental status

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**7. Thrombo angitis Obliterans- Features are: (PGI Chandigarh June 2020)**

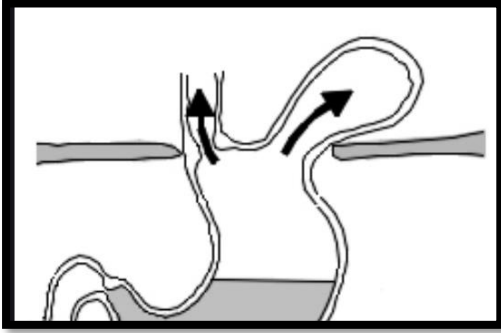
- a. Involves medium and small size arteries
- b. Distal Gangrene occurs
- c. Thrombus can be seen in superficial veins
- d. Common among smokers
- e. Adjacent Veins and nerves not affected.

**Ans. a, b, c, d ( Ref. Page 835, Surgery Sixer 5<sup>th</sup> Edition )**

**Shionaya Criteria for TAO:**

- H/o smoking
- Onset before 50 years
- Infra popliteal occlusion
- Upper limb involvement+
- Superficial Thrombophlebitis+
- Absence of other risk factors for Atherosclerosis except smoking

8. True statement about the image given below: (PGI Chandigarh June 2020)



- It is rolling hiatus hernia
- It is a sliding hiatus hernia
- Reflux of acid leads to fibrosis
- Seen in old men
- Strangulation common

Ans. a,d,e ( Ref. Bailey and Love 27<sup>th</sup> Edition Page 1085)

- Rolling hiatus hernia- the fundus enters the hiatus separately and gets more chances of strangulation
- MC in elderly men.
- CT with oral contrast is the IOC

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9. Direct hernia- True statement is ( PGI Chandigarh June 2020)

- Medial to inferior epigastric artery
- Extend to scrotum
- Common in children
- Can be prevented by occluding the deep ring
- Common in females

Ans. a,b ( Ref. Surgery sixer 5<sup>th</sup> edition page 514)

- Direct hernia happens via HESSELBACH triangle located medial to IEA
- MC in old men
- Rare in females
- Deep ring occlusion test- the swelling will appear. Only indirect hernia not appears on this test

10. Esophageal rupture presents with triad of following features: ( PGI Chandigarh June 2020)

- Subcutaneous emphysema
- Chest pain
- Vomiting
- Hematemesis
- Tachycardia

Ans. a,b,c ( Ref. Surgery Sixer Page 318)

Mackler's triad in esophageal perforation:

- Vomiting
- Chest pain
- Subcutaneous emphysema

**11. Hernia of femoral canal- True features are ( PGI Chandigarh June 2020)**

- a. Hernia seen below and lateral to pubic tubercle
- b. Appears lateral to femoral vessels
- c. Pubic Tubercle is apex of Femoral Triangle
- d. Sac is wide
- e. Posteriorly sac is covered by Iliopectineal ligament

**Ans. a,c,e ( Ref. Surgery sixer 5<sup>th</sup> edition page 513)**

- Femoral hernia is identified below and lateral to Pubic tubercle coming out at Saphenous opening. The swelling is usually seen in upper thigh rather in lower abdomen.
- Femoral hernia is seen medial to femoral vein in the femoral canal
- Medial boundary of femoral canal is Lacunar ( Gimbernat) Ligament and posterior Boundary is Ilio pectineal ligament of Cooper.
- Sac is narrow and more chances for strangulation seen
- Pubic Tubercle is one apex bony mark for FEMORAL TRIANGLE anatomy

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**12. Diabetic foot ulcer has following features different from Neuropathic ulcer ( PGI Chandigarh June 2020)**

- a. Ulcer on plantar aspect
- b. Ulcer on heel
- c. Reduced sensations
- d. Shiny tense skin with loss of hair
- e. Warm on palpation

**Ans. a, d ( Ref. Long cases in surgery by Dr. RRM)**

Differences between Neuropathic ulcers and Diabetic Ulcers:

- Diabetic ulcers are more related to Arteriopathy and may also have associated Neuropathy:

**Features of Neuropathic ulcers are:**

- Ulcer on Plantar aspect of foot, tip toe, Lateral to 5<sup>th</sup> metatarsal and heel.
- Dry cracked insensate callus seen
- Palpation shows normal blood supply and skin is warm.
- Reduced sensations+

**Features of Diabetic Arteriopathy ulcer:**

- Thin shiny skin, reduced hair growth
- Skin is cold
- Ulcer seen in dorsum or plantar aspect.

**13. True statement about Salivary gland stone: ( PGI Chandigarh June 2020)**

- Common in Parotid gland
- Require Submandibular gland excision
- Associated with Gall stones
- Meal-time syndrome happens on complete occlusion of duct
- Submandibular stones are radio opaque

Ans. b, d, e ( Ref. Page 188, Surgery Sixer 5<sup>th</sup> edition)

- Salivary gland stones are MC in Submandibular gland
- They are radio opaque in Submandibular gland and radiolucent in Parotid
- Stones inside the submandibular gland needs excision
- Meal-time syndrome is a appearance and disappearance of the swelling due to Stone completely blocking the duct.
- Gallstones and Salivary stones have no association

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**14. Regarding Warthin's Tumor- True statement ( PGI Chandigarh June 2020)**

- Benign tumor
- MC in males
- MC in smokers
- Can be Bilateral
- Hot spot on Tc 99m Scan

Ans. a,b,c,d,e ( Ref. Surgery Sixer 5<sup>th</sup> Edition Page 186)

Warthin's Tumor= Adenolymphoma:

- Exclusive tumor seen only in Parotid gland
- Benign
- MC in males, Smokers
- Bilateral in 10%
- Hot spot in Tc 99m Scan
- Enucleation can be done

**15. Struvite stone- True statement is ( PGI Chandigarh June 2020)**

- Seen in Infection
- Calcium, Magnesium and phosphate composition
- Staghorn stone
- MC type of renal stone
- Seen in alkaline urine

Ans. a,b,c,e (Ref. Surgery sixer 5<sup>th</sup> edition page 694)

Struvite stone= Jack stone= Stag horn stone= Triple Po4 stone:

- Composed of calcium magnesium ammonium po4
- Seen in proteus infection
- Seen in Alkaline urine

MC type of stone is Calcium Oxalate\*\*

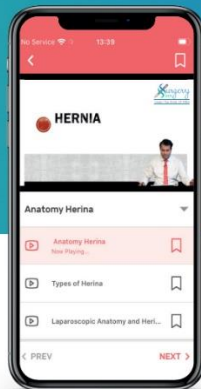
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**16. Sister mary joseph nodule is seen in ( PGI Chandigarh June 2020)**

- a. Stomach cancer
- b. Pancreatic cancer
- c. Lung cancer
- d. Ovarian cancer
- e. Colon cancer

**Ans. a,b,d,e ( Ref. Surgery sixer 5<sup>th</sup> edition)**

- Sister mary joseph nodule is due to Transcoelomic spread and GI luminal malignancies producing peritoneal mets can have this.
- Most common in stomach cancers

**17. Biliary Atresia- True statement is: ( PGI Chandigarh June 2020)**

- a. Liver transplant done
- b. Kasai surgery done before 6 weeks age
- c. ERCP done
- d. MRCP done in metal implant patients
- e. Biopsy is important to diagnose the patient

**Ans. a,b,c,e ( Ref. Surgery sixer 5<sup>th</sup> edition page 551)**

- Biliary atresia is a disease of newborn
- Bridging procedure done for them is Kasai- done before 6 weeks age ideally
- ERCP can be done, but not much beneficial
- MRCP is contraindicated if people have metal implants
- Biopsy is Gold standard

**18. SVC syndrome is caused by ( PGI Chandigarh June 2020)**

- Thymoma
- Pancoast tumor of right lung apex
- Oesophagus growth
- Coarctation of aorta
- Retrosternal goitre

**Ans. a, b, e ( Ref. Bailey and Love 27<sup>th</sup> Edition Page 926)**

SVC syndrome- Superior vena caval obstruction or compression is caused by

- Retrosternal goitre
- Pancoast tumor of Right lung apex
- Thymoma

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**19. Primary peritonitis- True statement are: ( PGI Chandigarh June 2020)**

- Transmural spread of infection from gut lumen
- Ascites are cirrhosis are predisposing
- In children it occurs due to Streptococcus
- MC organism found is E.coli
- Growth of 2 or more organisms seen

**Ans. a,b,c,d ( Ref. Surgery Sixer 5<sup>th</sup> edition page 510)**

**Spontaneous Bacterial peritonitis :**

- MC organism- E.coli > Klebsiella
- In children mc organism is Streptococcus\*\*
- MC mode of spread by Bacterial translocation from GUT
- Predisposed by Dehydration, Bowel preparation and Hypoproteinemia
- MC in patients with GI Haemorrhage
- Cirrhosis with ascites is a very important cause
- Diagnosed by presence of > 250 PMN cells with only one organism grown in culture ( > 2 organism think of secondary bacterial peritonitis
- Blood borne Primary peritonitis may be seen in male – Primary pneumococcal peritonitis

**20. On examination of Left Renal mass Vs Splenic mass; Features suggestive of Splenic mass are: ( PGI Chandigarh June 2020 )**

- Growth towards right inguinal fossa
- Palpable notch is present

- c. On percussion resonance of Colonic flexure is present
- d. Moves with respiration
- e. Ballotable

**Ans. a,b,d ( Ref. Clinical Cases in Surgery by Dr. RRM)**

**Features suggestive of Splenic mass:**

- Enlarges towards right iliac and inguinal region
- Notch can be felt anteriorly ( no notch in kidney)
- Moves with respiration ( Kidney mass not moves)
- Anterior to the swelling the colonic resonance cannot be heard ( Seen in Kidney)
- Not Bimanually palpable ( Kidney Bimanual palpable)
- Not Ballotable (Kidney Ballotable)

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**21. Causes of this ulcer: ( PGI Chandigarh June 2020 )**



- a. BCC
- b. Neuropathic
- c. Diabetic
- d. SCC
- e. Trophic

**Ans. b,c,e ( Ref. Clinical cases in Surgery by Dr. RRM)**

- This type of ulcer is usually seen due to a combined etiology of Neuropathic, Trophic and Diabetic arteriopathy.

**22. A breast feeding mother has Lump in one quadrant with fever and pain with change in color of skin- True statements are ( PGI Chandigarh June 2020 )**

- a. Breast feed is contraindicated in the affected breast
- b. USG done and if loculated mass is found then Aspiration is indicated instead of I and D
- c. Fluctuation is a late sign
- d. Do biopsy if after I and D swelling persists
- e. MC organism is Staphylococcus

**Ans. b, c, d, e ( Ref. Bailey and Love 27<sup>th</sup> Edition Page 866)**

- Feeding can be given via the affected breast if the patient can manage.
- USG guided aspiration of abscess is the latest treatment
- Unlike other abscess- Breast abscess develops late Fluctuation\*\*

**23. Features of EDH are ( PGI Chandigarh June 2020 )**

- Biconvex shaped
- Crosses midline
- Lucid interval seen
- Burr hole needed
- Injury of Cortical veins

**Ans. a,c,d ( Ref. Surgery sixer 5<sup>th</sup> edition page 88)**

Extradural Hematoma:

- MC due to rupture of Middle meningeal artery
- It causes LUCID interval
- Not crosses midline usually
- Burr hole evacuation is urgent
- Biconvex shaped on CT brain

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**24. Which of the following is/are presenting symptom(s) of Left colon carcinoma: ( PGI Chandigarh June 2020 )**

- Hematochezia
- Melena
- Anaemia
- Intestinal obstruction
- Altered bowel habits

**Ans. a,d,e ( Ref. Bailey and Love 27<sup>th</sup> Edition Page 1264)**

**Left Colon cancer:**

- Intestinal Obstruction
- Bleeding PR
- Altered Bowel Habits

**25. Gastric ulcer- Features are: ( PGI Chandigarh June 2020)**

- Most common on lesser curve
- Air under diaphragm seen in 90% cases on perforation in Xray
- Gastric ulcer is associated with malignancy in upto 5% cases
- Biopsy must be taken during surgery
- Perforation carries high mortality

**Ans. a,c,d,e ( Ref. Surgery Sixer 5<sup>th</sup> edition page 354)**

- Perforation shows air under diaphragm in 70% cases only in X ray
- Gold standard to diagnose is CECT
- 5% cases of Gastric ulcer has associated malignancy and hence Biopsy or excision of ulcer done
- Among the complications Perforation carries high mortality rate.

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**26. True statement regarding Chylothorax are (PGI Chandigarh June 2020)**

- Milky white color fluid seen in the ICD content
- Patient kept nil oral and TPN started
- Complication of esophagectomy
- Triglyceride level in the fluid is used as diagnostic tool
- Most of them resolves by conservative treatment with medium chain triglycerides and TPN

**Ans. a,b,c,d,e ( Ref. Sabiston 20<sup>th</sup> edition page 1607)**

**Chylothorax:**

- Presence of Milky white fluid in the pleural cavity is known as Chylothorax
- Diagnosed by measuring Chylomicrons and Triglyceride levels in fluid
- Follows Trauma, Iatrogenic after thoracic surgeries and malignancies.
- Initially conservative treatment with Medium chain triglycerides, TPN will help to resolve
- If not resolves in 5-7 days- Surgery is planned.

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3	Sutures and techniques
4	Theatre and Theatre Protocols
5	Surgical Site Infections
6	Introduction to Trauma
7	Head injury
8	Burns

**Section B: Head and Neck, Thyroid, Parathyroid**

Chapter no	Heading
1	Oral Cavity
2	Salivary Gland
3	Neck swelling
4	Thyroid
5	Parathyroid

**Section C: Miscellaneous Topics**

Chapter no	Heading
1	Hernia
2	Neurosurgery
3	Cleft lip and Palate
4	Arterial Disorders

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